Campbell (H. F.)

Compliments of HENRY F. CAMPBELL.

THE SOFT RUBBER
SPRING-STEM PESSARY,

IN THE TREATMENT OF

Uterine Flexions.

"*DANGERS AVOIDED, BENEFITS SECURED.*"

Read before the GEORGIA MEDICAL ASSOCIATION, Rome, April 17th, 1879,

BY HENRY FRASER CAMPBELL, M.D.

Chairman of Committee on Gynecology for the Eighth District of Georgia,
Professor of Operative Surgery and Gynecology in the Medical
Department of the University of Georgia.

[Extracted from the TRANSACTIONS.]

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UTERINE FLEXIONS AND THE STEM-TREATMENT BY THE SOFT-RUBBER SPRING-STEM PESSARY.

BY HENRY F. CAMPBELL, M. D., AUGUSTA, GA.

In a former meeting of this Association, Savannah, 1875, I had the honor to present my views on the postural pneumatic method of uterine reduction in versions and prolapsus. I still regard this as the only philosophic and effectual method of replacement in these several forms of uterine luxation. But in the class of uterine *distortions*, to which flexions belong, the treatment required, as has been admitted on all hands, is of an entirely different character. The trouble is intrinsic, and the indications of treatment are not to change a mal-position, but to correct a deformity of the organ. Various expedients are daily being proposed to accomplish this object of straightening the flexed uterus, and while, to the minds of all, the stem-pessary commends itself as the most efficient and direct, the many evils, not to say the fatality, which have attended its use have, finally, resulted almost in its expulsion from the armamentarium of the gynecologist. Rings and levers to lift up and hold up the body and fundus from behind in retro-flexions, and from the front in ante-flexions; appliances to push back or to hold forward the neck, and vaginal packings, for the same object, are daily presented as admittedly inferior but less dangerous substitutes for the tempting desideratum of the internal splint, so mechanically appropriate to the accomplishment of the end. The fatal results experienced by Velpeau, and his consequent condemnation of the stem, together with the

frequent disasters experienced by others, have been the principal cause of its exclusion from practice. Its history has been a varied one, but the testimony of experience has been, of late, much more against than in favor of it.

In a pamphlet on "Uterine Flexions," published in 1875, by my friend, Dr. A. Fredrik Eklund, of Stockholm,* we find the most valuable suggestions as to their pathology and treatment. He, with the late Dr. Martin, does not regard these distortions as simply mechanical bendings, caused by superincumbent weight of the heavy body and fundus upon the softened neck, but attributes to the longitudinal muscular fibres a dynamic instrumentality, similar to the altered and unequal muscular action which effects the deformity in club-foot and other analogous distortions. The atonic muscular fibres of the convex side give over the softened and passive neck, to the action of the actively healthy muscular fibres on the concave aspect, and by this means the flexion is accomplished, while the continuance of this action renders it permanent. With this view of the pathology accepted, he regards one of the important indications of treatment to be stimulation and restoration of tone to the atonic or paralyzed fibres, whereby the flexed neck or body may be brought back to its natural contour, and the continuity of the canal restored. As the means of accomplishing the desired result, he reviews various methods of treatment, but gives preference, decidedly, to the use of the stem-pessary, both because it acts as a stimulant to awaken the proper tone of the paralyzed fibres, and also as an internal splint, acting "orthopedically" in restoring and giving permanence to the proper contour of the distorted organ. In substantiation of his recommendation of the stem

**Till Retro-flexionernas Ætiologi Och Therapi.* Stockholm, 1875.

he presents a table of twenty–five cases, in which a permanent cure has been effected by the use of the stem under the strict and systematic rules given by him for its application.

Deeply impressed by these views, and finding little or no satisfactory results from any of the various methods now recommended for the treatment of flexions, I have, for some years, endeavored to secure, as near as possible, the advantages of the stem-treatment without incurring the risks of its actual application. In the repeated application of the sponge and sea-tangle tents, I have succeeded in many instances in accomplishing a straightening of the distorted neck, and in several women conception and prosperous pregnancy have been the result. I have found that by beginning with sponge-tents, made with a decided curve, little or no irritation was produced, and as the case advanced towards a straightened condition of the canal the curve could be lessened until perfectly straight ones could be used, after which the distortion would entirely disappear; then perhaps conception and pregnancy would occur when a permanent cure would be accomplished.

As an additional force in the curved sponge tent treatment of flexions, I have thought well of, though never used, the enclosed watch-spring, suggested I believe, by Dr. Ellerslie Wallace, of Philadelphia, though even in this, the objectionable element of the sponge in contact with the mucous-membrane of the uterus restricts its value and renders its long application dangerous and undesirable.

The results to be accomplished by the stem-pessary, provided we could evade its dangers, being unquestionably desirable and superior to all other methods of treatment, it behooves us to inquire diligently what are the conditions and causes acting upon stems, which render their application so

frequently disastrous, and not seldom fatal? I give here the result of my reflections upon this important subject:

1st. Even in health, that is in the undisturbed womb, the mucous-membrane of the body and neck is of a most sensitive character, and liable to the awakening of inflammation—especially does it resent any mechanical aggression as the introduction of sounds, tents or probes, into the cavity of the womb.

2d. In ante-flexion and retro-flexion, especially to the degree of stenosis, the natural sensitiveness of the cavity is greatly exaggerated. In nine cases out of ten, there is endo-metritis. It is the opinion of many that a pre-existing endo-metritis, and perhaps some degree of metritis also is a frequent cause of the flexion.

3d. In this condition of the lining membrane, and perhaps of the parenchyma of the womb, extension of inflammation to the entire structures of the organ, and to the peritoneum and pelvic cellular structures, could very readily be provoked by the forcible introduction into, and retention in the womb of any of the ordinary forms of stem-pessaries.

4th. The forms and materials of all the stem-pessaries heretofore, and at present, used for the correction of flexions are entirely unsuited for introduction into the womb while in a state of flexion, especially when any degree of metritis or even endo-metritis is present:—Both in form and in material they are most dangerous because we cannot introduce a straight, stiff, hard rod into a curved, and still less into an angular canal—which doubtless has often been done—*without injurious violence to the inner surface and structures of the womb.* We curve the probe even for an examination in such cases, what are we to expect when the straight, unyielding stem is thrust in to remain as treatment!

5th. When any of the ordinary or now existing stems have been thus forced into the womb for the correction of flexions, *the treatment is begun by inflicting a very serious traumatic injury* (bruising and contusion) upon the uterus. In addition to this, the sudden straightening and continued contact of the hard and resisting material with the tender surface still further advance and hurry on the process of uterine and pelvic inflammation which had been produced or aggravated by the violent and forcible introduction.

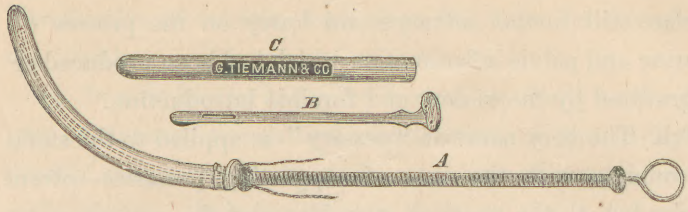
6th. The very name of "pessary" as applied to the stem in common with the class of supporting pessaries—often misleads both the medical attendant and the patient, as to the amount of care and quietude necessary during the use of the former, as compared with conditions in which the latter are used. The one is a surgical appliance to somewhat forcibly hold straight a flexed womb in opposition to an acquired tendency to an abnormal direction, and for some days at least, perfect quiet of body should be observed, while the other is simply a support to a descended or tilted womb, admitting of greater latitude of motion, and the taking of more extended exercise, than before it was applied.

With the above considerations constantly abiding in my mind—I have for years given to all sponge-tents used in the treatment of flexions a considerable curve with the fingers just before their introduction. Of late years, I have ordered my tents intended for this purpose to be *made* with a very decided curve in order that their introduction may be rendered easy and no risk run of traumatism in the tender organ to be treated.

But as I have said, in the sponge-tent of any form, and also in the sea-tangle tent we have but a poor substitute for, and one little less dangerous than, the hard stem itself. In

the instrument I now present, I have endeavored to secure all the advantages in the cure, of easy and innocuous introduction, and also those of softness and pliability of material with yet sufficient strength to act as a splint in maintaining straightness.

It consists of three distinct and separate parts:



THE SOFT-RUBBER SPRING-STEM PESSARY.

A.—The soft-rubber stem and spring prepared for introduction.
B.—Shows the spring separately.
C.—The rubber cap or hood.

1st. An applicator upon the plan of Emmett's or the sponge-tent applicator modified for this purpose, with a spiral wire protrusor which can be pushed beyond the curved end without injury if any degree of care be given to this work.

2d. A spring which can be made of any degree of weakness or resiliency, and which is to be slotted on to the curved end of the applicator, and

3d. A piece of india-rubber tubing similar to Nelaton's catheter closed at one end, which is to be pushed as a cover over the spring as adjusted on the applicator.

A string should be applied through the two smaller holes of the plate at the proximal end of the spring—in order to withdraw the spring from the uterine and cervical cavity whenever necessary. Another string or thread (of different color) should be attached to the rubber tube in order to withdraw that too, should it be desirable. The present

specimens have been made for me by Messrs. Geo. Tiemann & Co., of New York, from models not altogether perfected in every particular, but they will answer to give the correct idea of the object intended.

The spring may be of any degree of strength or feebleness —or after the introduction of the tube alone by the applicator, a very flexible piece of whalebone or gum-bougie may be pushed in, to give the stem just the slightest degree imaginable of resiliency to correct, however gradually—and tenderly as we please—the aberration in form of the even inflamed or irritable womb—or possibly the *simple presence* of the tube itself may be sufficient, upon the idea of Eklund and Martin, to awaken the tonicity of the relaxed fibres which had been instrumental in the flexion. When once the tube has been placed, any kind of *stiffner* may be safely introduced without any danger or fear of injury to the mucous membrane of the womb. It is both the *guide* and the *guard* for stems of any kind whatever we may choose to use in correcting the distortion.

In the majority of cases, the previous introduction of a curved sponge-tent will be required to dilate and slightly straighten the angular canal, in order that the curved spring and its soft-rubber cover may enter without the exercise of force. A ring pessary may be required sometimes, to sustain in cases of prolapsus, and possibly a cotton tampon may add to security of retention for the stem.

The foregoing instrument I now offer to the profession as one which in its material, and form, and in its mode of application. as also in the results which may not unreasonably be anticipated from its use, we can hope in time will be found to supply all the desiderata of the stem-pessary, while it is de-

void of most of its dangers, as well as those of the sponge and sea-tangle tents. If such are its attributes, is it too much to claim that perhaps a "new era" in the stem-treatment has been happily inaugurated?